

Issue	Issue	DHCFP Adjustment (No provider action needed)	Provider initiated UB92 RID Submission Process ¹	Provider Resubmission (standard process) ²	Comment
1	HSN Secondary claims that denied for exceeding billing deadlines	X			DHCFP will correct billing deadline edits. Prior claims that failed for only this reason will be paid in subsequent months.
2	HSN claims that denied with the error, "The secondary diagnosis code must be entered as the primary diagnosis only"	X			DHCFP will implement this as a warning on the UB-92 submission process; will be a failure under 837. Prior claims which had only this error will be paid.
3	HSN claims that denied for non-covered services, if the denial was related to the following codes: 92004, 92014, 92015, 97001, 97003, 97035, 97110, 97140	X			DHCFP will correct covered services edits. Prior claims that failed for only this reason will be paid in subsequent months.
4	Claims that did not have valid social security numbers (SSNs) and had patient names that did not match MassHealth/HSN eligibility records were denied as ineligible for the date of service.		X		Providers must follow the Claims Denial Review process (outlined on the website) and submit addition data to DHCFP using an encrypted process.
5	EBD claims submitted for patients who are eligible for Full HSN were denied with the error, "The Claim is not HSN Eligible."	X			If the patient was eligible for Full HSN on the date of service, DHCFP will reclassify the claim as HSN. If this was the only reason for denial, the claim will be paid in subsequent months.
6	EBD claims submitted for patients who are eligible for Partial HSN were denied with the error, "The Claim is not HSN Eligible."			if applicable	Partial deductibles may not be billed to HSN as emergency bad debt. If the patient has met the partial deductible, the claim may be resubmitted to HSN as an HSN claim.
7	Claims submitted for patients who are eligible for MassHealth or Commonwealth Care were denied with the error, "The Claim is not HSN Eligible."				The provider must submit these claims to the appropriate payer.
8	Primary claims that were denied for exceeding billing deadlines	X			Providers are required to bill claims within the deadlines specified in DHCFP regulations (114.3 CMR 13.07(2)). DHCFP has granted a temporary 30-day "grace period" for HSN Primary claims submitted through May 31, 2008.
9	Claim was denied for invalid primary diagnosis			X	The primary diagnosis may have indicated a non-covered service, or the code may not be valid as a primary diagnosis according to ICD-9 Coding Standards. The hospital should review the code and, if appropriate, correct the coding and resubmit it.
10	Outpatient Emergency Bad Debt claims appeared on the denial reports with the error, "ERBD claim does not have evidence submitted"	X			These claims were actually paid and should appear on the hospitals' remit reports. The Division will remove the error for future denial reports.

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